## First ADAAA Medical Questionnaire Pertaining to [Employee's Name]

(Employee Name)	is employed as a	(Job Title)	with the Department of
Public Safety, Office	e of Juvenile Justice. Attache	d are his/her Position De	scription and the Physical
Requirements and position.	Conditions of (Employee Nar	ne) 'S	(Job Title)
The Office where (E	mployee Name)	works (Insert general descript	tion of work performed).
<del>-</del>	ies for (Employee Name)	<del>-</del>	
position in the Office	of Juvenile Justice include, bu	t are not limited to, the fol	llowing:
(Insert specific job duties	for the employee requesting an accor	mmodation).	
(Employee Name) (Insert specific physical r	's job duties as aequirements).	(Job Title)	are generally performed
The facts which com	pelled this inquiry are as follow	vs:	
	month/date/year), (Employee Name diagnosed with (diagnosis). He/ob.		his/her chain of command lition was affecting his/her
employer requires fu	has set forth rform an essential function(s) or ther explanation as to his/her at in the performance of his/her	of his/her job and is seeki condition and possible acc	_
In view of the forego	oing, please respond to the follo	owing:	
known). Pleas	set forth that <u>(Employee Name)</u> e confirm that <u>(Employee Name)</u> this condition.		e/Description of condition if a diagnosed with and
Yes	No		
Explain Answ	/er:_		

2.	Does (Employee Name) currently have any other condition(s) that impacts his/her ability to perform his/her job duties? If yes, please identify the condition(s).
	ability to perform his/her job dudes? If yes, please identify the condition(s).
	YesNo
	Explain Answer:
3.	Does this condition(s) affect a major bodily function (e.g. functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and/or reproductive functions)?
	(Insert Name of Known Condition) :YesNo
	Other Condition:YesNo
	Explain Answer:
4.	Does this condition(s) affect one or more of the body's multiple systems (e.g. special sense organs, neurological, musculoskeletal, respiratory, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine systems or a mental or psychological disorder)?
	(Insert Name of Known Condition):YesNo
	Other Condition:YesNo
	Explain Answer:

rt Name of Known Condition):_ r Condition ain Answer: t is the nature of this condition(s) er for each condition. ain Answer:	_: )—permai	Yes _	porary, ep	isodic, et	cc.? Please p	rovide an
t is the nature of this condition(s) er for each condition.	)—permai	nent, tem	porary, ep	isodic, et	cc.? Please p	rovide an
t is the nature of this condition(s) er for each condition. ain Answer:	)—permai	nent, tem	porary, ep	isodic, et	cc.? Please p	rovide an
t is the nature of this condition(s) er for each condition. ain Answer:	)—permai	nent, tem	porary, ep	isodic, et	cc.? Please p	rovide an
er for each condition. ain Answer:	-	·			-	
tial functions of his/her job as	detailed a	above and	d/or as pro	_from povided in	performing and the attache	ny of the d positior
rt Name of Known Condition):_	Yes	No				
r Condition	_: _	Yes _	No			
ain Answer:						
r	ntial functions of his/her job as ription and physical requirements ort Name of Known Condition):_  r Condition	rtial functions of his/her job as detailed a ription and physical requirements and conduct Name of Known Condition):Yes r Condition:	ritial functions of his/her job as detailed above and ription and physical requirements and condition?  rt Name of Known Condition):YesNo  r Condition:Yes	ntial functions of his/her job as detailed above and/or as proceeding the process of the process	ntial functions of his/her job as detailed above and/or as provided in ription and physical requirements and condition?  ert Name of Known Condition):YesNo	rt Name of Known Condition):YesNo r Condition:YesNo

3.	If response to 7 above is yes, describe the essential function(s) affected by the condition(s) and how it is affected.			
).	Please provide any suggested accommodations, if necessary, which would allow (Employee			
	Name) to perform his/her job duties? Explain answer, including how this accommodation would allow (Employee Name) to perform his/her job duties and			
	lessen the impact of the condition:			
0.	Can medication or aids mitigate the effects of this condition(s)?			
	YesNo			
	Explain Answer:			

11. Please include any additional, relevant information:			
D .			
Date:	Signature of Doctor		
Phone No:			
Thone Ivo.	Name of Doctor (Print)	<del></del>	
	Type of Practice (Print)		
Address of Doctor (Print)			